



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 10

1200 Sixth Avenue, Suite 900  
Seattle, Washington 98101-3140

DEC 2 2014

OFFICE OF  
COMPLIANCE AND ENFORCEMENT

Reply to: OCE-133

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Mr. Mark Moser  
Owner  
Moser Farms Inc.  
2406 Slater Road  
Ferndale, Washington 98248

Re: September 3, 2014, NPDES Compliance Inspection  
NPDES Identifier Number WAU000633

Dear Mr. Moser:

On September 3, 2014, the U.S. Environmental Protection Agency (EPA) inspected your facility to evaluate its compliance with the Clean Water Act (CWA). I would like to express my appreciation for your staff's time and cooperation during the inspection. The inspector did not indicate any violations of the CWA at the time of inspection.

Please follow up with the Washington State Department of Agriculture, the Washington State Department of Ecology, and the Whatcom Conservation District to ensure your facility is in compliance with the state and local regulations. If you have any questions concerning this matter, please call Steven Potokar, CAFO Enforcement Coordinator, at (206) 553-6354.

Sincerely,

A handwritten signature in black ink, which appears to read "Jeff KenKnight".

Jeff KenKnight, Manager  
NPDES Compliance Unit

cc: Ms. Virginia Prest  
Washington State Department of Agriculture

Mr. Michael Isensee  
Washington State Department of Agriculture

Mr. Doug Allen  
Washington State Department of Ecology – Bellingham Field Office

Mr. George Boggs  
Whatcom Conservation District

KIRSTEN BARRON  
TEL (360) 733-0212  
FAX (360) 738-2341  
kbarron@barronsmithlaw.com

Debbie Nelson, Paralegal

February 16, 2016

Jeff KenKnight  
United States Environmental Protection Agency, Region 10  
1200 Sixth Avenue, Suite 900  
Seattle, Washington 98101

KIRSTEN BARRON  
J. BRUCE SMITH  
SALLYE N. QUINN  
ANDREW W. HEINZ  
DENNIS R. WILLIAMS  
ERIN CRISMAN GLASS  
MEGAN M. LEWIS  
OLIVIA J. BURKLAND  
BURTON EGGERTSEN

LARRY DAUGERT (Ret.)  
BRIAN L. HANSEN (Ret.)

Re: EPA Correspondence with Moser Farms, Inc.

Dear Mr. KenKnight:

We represent Moser Farms, Inc.

This letter is in reference to correspondence that your agency has sent to Moser Farms, Inc. You will note that the contact person is Mark Moser, see attached. Mark Moser has never been an owner of Moser Farms, Inc. and while he was once an employee, he is no longer an employee. We suspect that Mark has illegally and fraudulently represented himself as an owner of Moser Farms, Inc. and by this letter we request that your agency change the contact information so that the Moser Farms, Inc. contact is Steve Moser – who is both the President of the company and a shareholder. The address you are using is correct, 2406 Slater Rd., Ferndale, WA 98248; however, please correct your records to reflect that Steve Moser is the contact, owner and officer of Moser Farms, Inc.

Please let me know if you have any questions on this matter.

Sincerely,

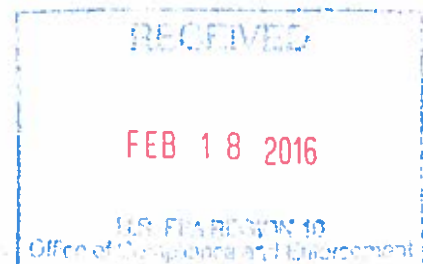
BARRON, SMITH DAUGERT, PLLC

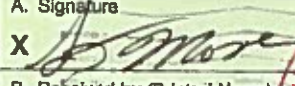


Kirsten Barron

KDB/dn

Enclosure/s



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <b>DEC -8 2014</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <b>Mr. Mark Moser</b>  <b>Owner</b>  <b>Moser Farms Inc.</b>  <b>2406 Slater Road</b>  <b>Ferndale, WA 98248</b> </div>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7013 1710 0002 3980 4363</p>		<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

7013 1710 0002 3980 4363

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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<b>Total Postage &amp; Fees</b>	<b>\$</b>

Sent To \_\_\_\_\_  
Street, Apt. No.; or PO Box No. \_\_\_\_\_  
City, State, ZIP+4 \_\_\_\_\_

**Mr. Mark Moser**  
**Owner**  
**Moser Farms Inc.**  
**2406 Slater Road**  
**Ferndale, WA 98248**

Postmark Here \_\_\_\_\_

PS Form 3800, August 2006

See Reverse for Instructions



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Jeff KenKnight, Manager  
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Whatcom Conservation District

N:\APPS\OCE\NPDES Compliance\Potokar\Post Inspection 2014\WAU00633 Moser Farms  
Inc\WAU000633 Moser Farms Inc.docx

CONCURRENCES						
Initials:	<i>MM</i>					
Name:	Potokar					
Date:	12/2					

# Water Compliance Inspection Report

## Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES		yr/mo/day		Inspection Type		Inspector		Fac Type	
1	N			140903			=		R		3
Remarks											
21											66
Inspection Work Days		Facility Self-Monitoring Evaluation Rating		BI		QA		Reserved			
67	10	69		70		71	72	73	74	75	80

## Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)  Moser Farms Inc. 2406 Slater Road Ferndale, WA 98248	Entry Time/Date 3:30PM 09/03/14	Permit Effective Date NA
	Exit Time/Date 4:15PM 09/03/14	Permit Expiration Date NA
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)  Mark Moser - Owner/Operator (360) 384-1172	Other Facility Data (e.g., SIC NAICS, and other descriptive information)  Unpermitted  NAICS 112120 Dairy Cattle and Milk Production  Lat/Long: 48.81528 -122.61338	
Name, Address of Responsible Official/Title/Phone and Fax Number  Mark Moser - Owner/Operator (360) 384-1172 2406 Slater Road Ferndale, WA 98248	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> <b>Records/Reports</b>	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

## Section D: Summary of Findings/Comments

*(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)*

SEV Codes	SEV Description
• • • • •	• • • • •
• • • • •	• • • • •
• • • • •	• • • • •
• • • • •	• • • • •

**RECEIVED**

SEP - 8 2014

Inspection & Enforcement Management Unit  
(IEMU)

Name(s) and Signature(s) of Inspector(s) Jon Klemesrud	Agency/Office/Phone and Fax Numbers EPA R10/OCE/IEMU (206) 553-5068	Date 09/08/14
Steven Potokar	EPA R10/OCE/NCU (206) 553-6354	
Signature of Management Q A Reviewer Timothy A. Ode	Agency/Office/Phone and Fax Numbers EPA/OCE/IEMU 3-0255	Date 9/18/14

ICIS  
9-15-2014  
J. Brown

# INSTRUCTIONS

## Section A: National Data System Coding (i.e., PCS)

**Column 1: Transaction Code:** Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

**Columns 3-11: NPDES Permit No.** Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

**Columns 12-17: Inspection Date.** Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

**Column 18: Inspection Type\*.** Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	I Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

**Column 19: Inspector Code.** Use one of the codes listed below to describe the lead agency in the inspection.

A --- State (Contractor)	O --- Other Inspectors, Federal/EPA (Specify in Remarks columns)
B --- EPA (Contractor)	P --- Other Inspectors, State (Specify in Remarks columns)
E --- Corps of Engineers	R --- EPA Regional Inspector
J --- Joint EPA/State Inspectors—EPA Lead	S --- State Inspector
L --- Local Health Department (State)	T --- Joint State/EPA Inspectors—State lead
N --- NEIC Inspectors	

**Column 20: Facility Type.** Use one of the codes below to describe the facility.

- 1 --- Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 --- Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 --- Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 --- Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 --- Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

**Columns 21-66: Remarks.** These columns are reserved for remarks at the discretion of the Region.

**Columns 67-69: Inspection Work Days.** Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

**Column 70: Facility Evaluation Rating.** Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

**Column 71: Biomonitoring Information.** Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

**Column 72: Quality Assurance Data Inspection.** Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

**Columns 73-80:** These columns are reserved for regionally defined information.

## Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

## Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

## Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

\*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.



**FY 2014 INSPECTION CONCLUSION DATA SHEET (ICDS)**

EPA Region 10

**CWA NPDES**

ICDS data is required to be reported for all on-site compliance inspections conducted by EPA inspectors, Senior Environmental Employees, or EPA contractors. States and tribes are not required to report ICDS data even if using EPA credentials. In addition to the 'core' compliance monitoring data, additional information is required if the inspection has a 'NPDES Special Regulatory Program' component. This form requires the inspector to provide the requested information by entering data in a text box, or checking the applicable box in a multi-select pick list. **DO NOT MODIFY FORM**

**Compliance Activity Type:** Inspection/Evaluation

**1. EPA Lead Inspector:**

<b>First &amp; Last Name:</b>	Jon Klemesrud
<b>Phone #:</b> (include area code)	(206) 553-5068

**2. Compliance Monitoring Dates:** *(mm/dd/yyyy of inspection)*

<b>Actual Start Date:</b>	09/03/2014
<b>Actual End Date:</b>	09/03/2014

**3. Compliance Monitoring Activity Name:**

This is a descriptive name to help identify the compliance monitoring activity (e.g., *Castle Peak Construction LLC – Hidden River Estates construction site*).

Moser Farms Inc.

**4. On-Site Facility Representative?** *(Check No or Yes)*

<input type="checkbox"/>	No → If checked, proceed to ICDS line 5										
<input checked="" type="checkbox"/>	Yes → If checked, provide the following information then proceed to ICDS line 5										
	<table border="1"> <tr> <td><b>Facility Representative:</b> (first &amp; last name)</td> <td>Mark Moser</td> </tr> <tr> <td><b>Individual's Title:</b></td> <td>Owner/Operator</td> </tr> <tr> <td><b>Organization:</b></td> <td>Moser Farms Inc.</td> </tr> <tr> <td><b>Phone #:</b> (include area code)</td> <td>(360) 384-1172</td> </tr> <tr> <td><b>Email:</b></td> <td></td> </tr> </table>	<b>Facility Representative:</b> (first & last name)	Mark Moser	<b>Individual's Title:</b>	Owner/Operator	<b>Organization:</b>	Moser Farms Inc.	<b>Phone #:</b> (include area code)	(360) 384-1172	<b>Email:</b>	
<b>Facility Representative:</b> (first & last name)	Mark Moser										
<b>Individual's Title:</b>	Owner/Operator										
<b>Organization:</b>	Moser Farms Inc.										
<b>Phone #:</b> (include area code)	(360) 384-1172										
<b>Email:</b>											

**5. Linked Facility:**

**A. Media-Specific Programmatic ID:** For CWA NPDES facilities, this is the assigned 9-digit alphanumeric number (e.g., *NPDES IDR10BD47*). ONE & only one **Programmatic ID** must be linked to the Inspection. *(Enter assigned NPDES #)*

NPDES WAU000633

**B. Facility Classification:** *(Check ONE)*

<input type="checkbox"/> NPDES Major	<input type="checkbox"/> NPDES Minor	<input checked="" type="checkbox"/> NPDES Unpermitted
--------------------------------------	--------------------------------------	---

**C. Facility Site Name & Physical Location:** Provide the public or commercial name of the facility & street address / detailed description of the site inspected (e.g., *Castle Peak Construction LLC – Hidden River Estates, 504 Larch St., Priest River ID 83856*).

Moser Farms Inc.  
2406 Slater Road  
Ferndale, WA 98248



**D. Facility Latitude & Longitude:** *(Decimal Degrees only)*

<b>Latitude:</b> <i>(e.g., +46.3271)</i>	48.81528
<b>Longitude:</b> <i>(e.g., -119.1202)</i>	-122.61338

**E. Is facility site within Tribal Land?** *(Check No or Yes)*

<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes → Enter Tribal Land Name in text box below:
	Lummi Nation

**F. NAICS Codes:** CTRL+Click to follow this link → [2012 NAICS Search](#)  
*(Enter all 6-digit NAICS codes corresponding to the site/facility in text box below)*

<b>Primary NAICS:</b> 112120	<b>Other NAICS:</b>
------------------------------	---------------------

**G. Facility Type of Ownership:** This information is specific to facility ownership; not inspection activity. *(Check only ONE)*

<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Privately Owned
<input type="checkbox"/>	Individual
<input type="checkbox"/>	City Government
<input type="checkbox"/>	County Government
<input type="checkbox"/>	State Government
<input type="checkbox"/>	Tribal Government
<input type="checkbox"/>	School District
<input type="checkbox"/>	Municipal or Water District
<input type="checkbox"/>	Mixed Ownership (e.g., Public/Private)
<input type="checkbox"/>	GOCO (Government Owned/Contractor Operated)
<input type="checkbox"/>	Federal Facility → Enter Federal Agency Name in text box below:

**H. Small Business Indicator:** This flag indicates if the Facility meets the requirements of the EPA Small Business Policy. EPA's Small Business Compliance Policy defines a small business as "a person, corporation, partnership or other entity that employs 100 or fewer individuals (across all facilities and operations owned by the small business)." This policy further states that "The number of employees should be considered as full-time equivalents on an annual basis, including contract employees." The definition of a small municipality (in terms of a small business) is a local government serving 3,300 or fewer residents.

*(Check No or Yes)*

<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes

**6. Federal Statute | Law Section | Program:**

This is the statute & section of the corresponding regulation associated with the inspection, & the program that is authorizing the Activity or being violated. *(Check only ONE)*

<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Base Program (Limits, Reporting, Schedule)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Pretreatment
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sludge/Biosolids
<input checked="" type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Concentrated Animal Feeding Operations (CAFOs)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Combined Sewer Overflows (CSO)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sanitary Sewer Overflows (SSO)
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Construction
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Non-Construction
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: MS4
<input type="checkbox"/>	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Section 308 Information Requests

## 7. Compliance Monitoring (CM) Action Reason:

This is the description that identifies the purpose of a Compliance Monitoring Activity.

(You must check either Core Program or Agency Priority. If ONE of the Other CM Action Reasons applies, it should also be checked.)

	<b>Core Program</b> → If checked, skip ICDS line 8 & proceed to ICDS line 9
X	<b>Agency Priority</b> → If checked, proceed to ICDS line 8 & identify the applicable FY 2014 OECA National Priority
	Other - Citizen Complaint/Tip
	Other - For Cause
	Other - Random Inspection
	Other - Result of Spill
	Other - Selected Monitoring Action

## 8. FY 2014 OECA National Priority:

This is the description that identifies the national priority that prompted the initiation of the inspection. (If Agency Priority was checked in ICDS line 7, you must check ONE National Priority in table below)

	2014 - Energy Extraction – Land Based Gas Extraction & Production
	2014 - WW - CAFO
X	2014 - WW - CAFO Regional Initiative Areas
	2014 - WW - CSOs < 50K service population
	2014 - WW - CSOs ≥ 50K service population
	2014 - WW - MS4s - Phase I
	2014 - WW - MS4s - Phase II
	2014 - WW - SSOs ≥ 10 mg/d and < 100 mg/d

## 9. 'Inspection Type' PCS Code Reported on EPA Form 3560-3 (Rev 1-06) in Section A – Column 18:

Only one of the available 'Inspection Type' PCS Codes can be used to describe the type of inspection conducted. The Inspection Type checked in this section should equate to Compliance Monitoring Type checked in ICDS line 10. (Check only ONE)

<b>A</b> Performance Audit Inspection		<b>\</b> CAFO (Sampling)	<b>F</b> Pretreatment (Follow-up)
<b>B</b> Compliance Biomonitoring	X	<b>=</b> CAFO (Non-Sampling)	<b>G</b> Pretreatment (Audit)
<b>C</b> Compliance Evaluation Inspection – Non-Sampling		<b>#</b> CSO (Sampling)	<b>I</b> Industrial User (IU) Inspection
<b>D</b> Diagnostic		<b>\$</b> CSO (Non-Sampling)	<b>P</b> Pretreatment Compliance Inspection
<b>J</b> Complaints		<b>+</b> SSO (Sampling)	<b>!</b> Pretreatment Compliance (Oversight)
<b>M</b> Multimedia Inspection		<b>&amp;</b> SSO (Non-Sampling)	<b>U</b> IU Inspection with Pretreatment Audit
<b>N</b> Spill		<b>{</b> Storm Water-Construction (Sampling)	<b>2</b> IU Sampling Inspection
<b>O</b> Compliance Evaluation (Oversight)		<b>}</b> Storm Water-Construction (Non-Sampling)	<b>3</b> IU Non-Sampling Inspection
<b>R</b> Reconnaissance Inspection		<b>:</b> Storm Water-Non-Construction (Sampling)	<b>4</b> IU Toxics Inspection
<b>S</b> Compliance Sampling Inspection		<b>~</b> Storm Water-Non-Construction (Non-Sampling)	<b>5</b> IU Sampling Inspection with Pretreatment
<b>X</b> Toxics Inspection		<b>&lt;</b> Storm Water-MS4 (Sampling)	<b>6</b> IU Non-Sampling Inspection with Pretreatment
<b>Z</b> Sludge – Biosolids		<b>-</b> Storm Water-MS4 (Non-Sampling)	<b>7</b> - IU Toxics with Pretreatment
<b>@</b> Follow-up (enforcement)		<b>&gt;</b> Storm Water-MS4 (Audit)	

# 10. Compliance Monitoring Type:

This is the description indicating the type of compliance monitoring activity conducted by a regulatory agency. The Compliance Monitoring Type checked in this section should equate to Inspection Type checked in ICDS line 9. (Check only ONE)

<b>Comprehensive Type Inspections</b> (designed to comprehensively determine compliance with the NPDES regulations & capture the most common & complete NPDES inspections)	<b>Alternative Type Inspections</b> (designed to capture less thorough, unique or unusual NPDES compliance monitoring activities)	<b>Industrial User (IU) Type Inspections</b> (apply only to the NPDES pretreatment program & designed to evaluate whether NPDES control authorities are meeting their responsibilities)
<input type="checkbox"/> Audit	<input type="checkbox"/> AFO Defined	<input type="checkbox"/> Audit (IU)
<input type="checkbox"/> Diagnostic	<input type="checkbox"/> AFO Designation	<input type="checkbox"/> Evaluation (IU)
<input checked="" type="checkbox"/> Evaluation	<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Sampling (IU)
<input type="checkbox"/> Plan Review	<input type="checkbox"/> Case Development	<input type="checkbox"/> Toxics (IU)
<input type="checkbox"/> Sampling	<input type="checkbox"/> Field Screening Sample	
<input type="checkbox"/> Schedule Evaluation	<input type="checkbox"/> Follow-up	
<input type="checkbox"/> Toxics	<input type="checkbox"/> Hyperspectral Imaging	
<input type="checkbox"/> Biomonitoring → If checked; you must also check a value in the following drop-down list	<input type="checkbox"/> Illegal Operators	
<b>Biomonitoring Compliance Monitoring Methods</b>	<input type="checkbox"/> Non-Compliance Rate	
<input type="checkbox"/> Discrete Acute	<input type="checkbox"/> Reconnaissance with Sampling	
<input type="checkbox"/> Discrete Chronic	<input type="checkbox"/> Reconnaissance without Sampling	
<input type="checkbox"/> Discrete Method	<input type="checkbox"/> Remote Sensing	
<input type="checkbox"/> Flow-Through Method	<input type="checkbox"/> Satellite Imaging	
<input type="checkbox"/> Flow-Through Acute	<input type="checkbox"/> Witness Response Drill	
<input type="checkbox"/> Flow-Through Chronic	<input type="checkbox"/> Oversight (Federal Oversight inspections conducted to ensure the integrity of a State's compliance monitoring program) → If checked, skip ICDS lines 17-23	

# 11. Compliance Monitoring Agency Type: (Check only ONE)

<input checked="" type="checkbox"/> U.S. EPA
<input type="checkbox"/> EPA Contractor
<input type="checkbox"/> Other-EPA (i.e. Senior Environmental Employees (SEE), National Enforcement Investigations Center (NEIC))

# 12. Compliance Monitoring Agency Name: (This is the only selection for ICDS)

<input checked="" type="checkbox"/> Environmental Protection Agency
---

# 13. Was this a State, Federal or Joint (State/Federal) Inspection? (Check either State, Federal or Joint)

<input type="checkbox"/> State Inspection → If State, proceed to ICDS line 14
<input checked="" type="checkbox"/> Federal Inspection → If Federal, proceed to ICDS line 14
<input type="checkbox"/> Joint (State/Federal) Inspection → If Joint, you must answer the following two questions

**1) If Joint, what was the purpose of the participation of the other party? (Check only ONE)**

<input type="checkbox"/> True Joint Inspection with EPA & State	<input type="checkbox"/> Training Purposes
<input type="checkbox"/> Oversight Purposes	<input type="checkbox"/> Assist the State

**2) Which Party had the lead (in the Joint inspection)? (Check State or EPA)**

<input type="checkbox"/> State	→ If checked, you must answer the following question
If State, Local or Tribal lead, did EPA assist? (Check No or Yes)	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	
<input type="checkbox"/> EPA	

**14. Media Monitored: (Check only ONE)**

<input type="checkbox"/>	Water (biosolids & other sludges)
<input checked="" type="checkbox"/>	Water (navigable/surface)
<input type="checkbox"/>	Water (sediment)
<input type="checkbox"/>	Water (stormwater)
<input type="checkbox"/>	Water (wastewater to POTW) → Applies only to Industrial Users discharging to POTWs. If checked, you must enter the applicable POTW Name & NPDES # in text box below:
	<input type="text"/>

**15. Compliance Monitoring Media Indicator: (Check if Multimedia inspection)**

<input type="checkbox"/>	Multimedia Indicator
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**16. Cross Media Indicator: Federal Facility Activity**

This is an indication that directly marks the inspection activity as involving Federal Facilities. (Check only ONE)

<input type="checkbox"/>	<b>Federal Facility</b> (traditional federal facility, military base, federal land or federal agency impacting private property)
<input checked="" type="checkbox"/>	<b>No Federal Facility Involvement</b> (no federal agency or federal property are involved)
<input type="checkbox"/>	<b>Non-Federal Party Impacting Federal Property</b> (activity involving contractors on federal property or spills migrating to federal property)

**17. Compliance Monitoring Action Outcome:**

This identifies the outcome of the inspection, if known at the time of activity. (Check only ONE)

<input checked="" type="checkbox"/>	Under Review
<input type="checkbox"/>	No Violation
<input type="checkbox"/>	Immediately Corrected
<input type="checkbox"/>	Not Immediately Corrected
<input type="checkbox"/>	No Compliance Monitoring (Access Denied)
<input type="checkbox"/>	No Compliance Monitoring (Facility Shut Down)

**18. Did you observe deficiencies (potential violations) during the on-site inspection? (Check No or Yes)**

<input checked="" type="checkbox"/>	No → If checked, skip to ICDS line 21
<input type="checkbox"/>	Yes → If checked, you must identify the Deficiencies observed in the table below then proceed to ICDS line 19

**Deficiencies observed (Check all applicable)**

<input type="checkbox"/>	Potential excess emission in violation of regulations
<input type="checkbox"/>	Potential failure to complete or submit a notification, report, certification, or manifest
<input type="checkbox"/>	Potential failure to follow a permit condition (s)
<input type="checkbox"/>	Potential failure to follow a required sample monitoring procedure or laboratory procedure

<input type="checkbox"/>	Potential failure to follow or develop a required management practice or procedure
<input type="checkbox"/>	Potential failure to identify and manage a regulated waste or pollutant in any media
<input type="checkbox"/>	Potential failure to maintain a record or failure to disclose a document
<input type="checkbox"/>	Potential failure to maintain/inspect/ repair meters, sensors, & recording equipment
<input type="checkbox"/>	Potential failure to obtain a permit, product approval, or certification
<input type="checkbox"/>	Potential failure to report regulated events such as spills, accidents, etc.
<input type="checkbox"/>	Potential incorrect use of material (pesticide, waste, product) or use of unapproved material
<input type="checkbox"/>	Potential violation of a compliance schedule in an enforceable order

19. If you observed deficiencies, did you communicate the deficiencies to the Facility *during* the inspection? (Check No or Yes)

<input type="checkbox"/>	No → If checked, skip to ICDS line 21
<input type="checkbox"/>	Yes → If checked, proceed to ICDS line 20

20. Did you observe the Facility take any actions *during* the inspection to address the deficiencies noted? (Check No or Yes)

<input type="checkbox"/>	No → If checked, proceed to ICDS line 21
<input type="checkbox"/>	Yes → If checked, you must identify Actions taken in table below then proceed to ICDS line 21

Action(s) taken (Check only actions observed/ seen)

<input type="checkbox"/>	Completed a Notification or Report	
<input type="checkbox"/>	Corrected Monitoring Deficiencies	
<input type="checkbox"/>	Corrected Record Keeping Deficiencies	
<input type="checkbox"/>	Implemented New or Improved Management Practices or Procedures	
<input type="checkbox"/>	Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc)	
<input type="checkbox"/>	Requested a Permit Application or Applied for a Permit	
<input type="checkbox"/>	Verified Compliance with Previously Issued Enforcement Action – Part or All Conditions	
<input type="checkbox"/>	Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc).	
<input type="checkbox"/>	<p>→ If Reduced Pollution is checked, you must specify at least one Pollutant in the table below. See <a href="#">ICIS Pollutant Reference Table</a> for complete list of available values. The document is available on EPA R10's OCE Intranet site.</p> <table border="1" style="width: 100%;"> <tr><td> </td></tr> </table>	

21. Did you provide *general* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* inspections? (Check No or Yes)

<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes

22. Did you provide *site-specific* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* the inspections? (Check No or Yes)

<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes

**23. Is the inspection/evaluation related to a NPDES Special Regulatory Program?** (Check No or Yes)

<input type="checkbox"/>	<b>No</b> → If checked, skip Attachments A-F
<input checked="" type="checkbox"/>	<b>Yes</b> → If checked, you must identify the NPDES Special Regulatory Program. (Check applicable Program in table below, then proceed to Attachment indicated)
<input type="checkbox"/>	Pretreatment→ Proceed to ICDS Attachment <u>A</u>
<input type="checkbox"/>	Sanitary Sewer Overflow (SSO)→ Proceed to ICDS Attachment <u>B</u>
<input type="checkbox"/>	Combined Sewer Overflow (CSO)→ Proceed to ICDS Attachment <u>C</u>
<input checked="" type="checkbox"/>	Concentrated Animal Feeding Operations (CAFOs)→ Proceed to ICDS Attachment <u>D</u>
<input type="checkbox"/>	Storm Water (Non-Municipal)→ Proceed to ICDS Attachment <u>E</u>
<input type="checkbox"/>	Storm Water (Municipal)→ Proceed to ICDS Attachment <u>F</u>

**Data Collection Process:**

- Inspector is responsible for collection of ICDS data during the on-site inspection.
- Inspector should complete the ICDS *during* or *immediately after* the inspection is conducted.
- Inspector should forward completed ICDS to first-line supervisor/designated alternate within five (5) days after returning from either a single inspection, or a series of inspections.
- The first-line supervisor/designated alternate should ensure ICDS data is collected & reported, and that the data is complete and accurate. Once the supervisor review is complete, the ICDS should be forwarded to the data entry person. For CWA inspections, forward the ICDS to the attention of Jeannine Brown by any of the following methods: Mail to U.S. EPA Region 10, 1200 6<sup>th</sup> Avenue, Suite 900, Mailstop OCE-184, Seattle, WA 98101; or email to [Brown.Jeannine@epa.gov](mailto:Brown.Jeannine@epa.gov).

ICDS Sign Off	Name	Date Completed
ICDS Completed By Inspector	Jon Klemesrud	09/08/2014
ICDS Review Completed By First-line Supervisor/ Designated Alternate		
ICDS Data Entry Completed By CWA Data Manager	Jeannine Brown	



**ICDS Attachment D: Concentrated Animal Feeding Operation (CAFO) (page 1 of 2)**

**Moser Farms Inc.**

**General Information**

Is the Animal Facility Type a CAFO? (Yes or No)	Yes
CAFO Classification? (Large, Medium, or Small)	Small
CAFO Designation Date: (mm/dd/yyyy)	
Designation Reason:	
Discharges During Year From Production Area: (Check only ONE)	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes (Authorized only)	
<input type="checkbox"/> Yes (Unauthorized only)	
<input type="checkbox"/> Yes (Both Authorized/ Unauthorized)	

**Solid & Liquid Manure**

Solid Manure or Litter Generated: (Tons)	
Liquid Manure or Wastewater Generated: (Gallons)	
Solid Manure or Litter Transferred: (Tons)	
Liquid Manure or Wastewater Transferred: (Gallons)	

**NMP (Nutrient Management Plan)**

Does the facility have an NMP developed or approved by a certified planner? (Yes or No)	Yes
NMP Developed Date: (mm/dd/yyyy)	
NMP Last Updated Date: (mm/dd/yyyy)	

**EMS (Environmental Management System)**

Does the facility have an EMS? (Yes or No)	
EMS Developed Date: (mm/dd/yyyy)	
EMS Last Updated Date: (mm/dd/yyyy)	

**Land Application BMP (Best Management Practices)**

Type (Check all applicable)
<input checked="" type="checkbox"/> Buffers
<input checked="" type="checkbox"/> Setbacks
<input type="checkbox"/> Conservation Tillage
<input type="checkbox"/> Constructed Wetlands
<input type="checkbox"/> Infiltration Field
<input type="checkbox"/> Grass Filter
<input type="checkbox"/> Terrace
<input type="checkbox"/> Residue Management
Other: (Specify)

**Animal Type**

Type (Check all applicable)	Open Confinement Count (#)	Housed Under Roof Confinement Count (#)	Total #
Mature Dairy Cattle		200	200
Veal Calves			
Cattle (All except Mature Dairy Cattle & Veal Calves)			
Swine over 55 lbs			
Swine under 55 lbs			
Horses			
Sheep or Lambs			
Turkeys			
Chicken (All except Layers)			
Chicken (Layers)			
Ducks			
Other: (Specify)			

**Manure, Litter, & Processed Wastewater Storage Types**

Type (Check all applicable)	Storage Total Capacity Measure (#-- specify Tons or Gallons)	Days of Storage (#)
Wastewater Treatment Lagoon		
<input checked="" type="checkbox"/> Storage Lagoon		
Evaporation Pond		
Above Ground Storage Tanks		
<input checked="" type="checkbox"/> Below Ground Storage Tanks		
Roofed Storage Shed		
Concrete Pad		
Impervious Soil Pad		
Underflow Pits		
Anaerobic Digester		
Outdoor Piles		
None		
Other: (Specify)		



**ICDS Attachment D: CAFO (page 2 of 2)**

**Land Application**

<b>Land Available for Application Measure:</b> (# of acres)	50
<b>Number of Acres of Contributing Drainage from Production Area:</b> (# of acres that are drained & collected in the production area)	

**Livestock**

<b>Livestock Maximum Capacity:</b> (# of animals)	
<b>Livestock Capacity Determination Based Upon:</b> (# of animals)	
<b>Authorized Livestock Capacity:</b> (the maximum # of animals that the Facility is authorized to handle which could be the same as the Designed Maximum Capacity)	

**Containment Type**

Type (Check all applicable)	Total Capacity (#)
<input type="checkbox"/> Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: (Specify)	

**Violation Types**

Type (Check all applicable)
<input type="checkbox"/> Failure to Have an NMP
<input type="checkbox"/> Failure to Follow an NMP
<input type="checkbox"/> Inadequate Storage
<input type="checkbox"/> Unauthorized Discharge
<input type="checkbox"/> Improper Record Keeping
<input type="checkbox"/> Failure to Follow Setbacks/Vegetative Buffering
<input type="checkbox"/> Failure to Sample/Test Manure/Soil
<input type="checkbox"/> Failure to Submit Annual Report

# **ATTACHMENT A**

## **Photograph Documentation**

**All photographs were taken by Jon Klemesrud on September 3, 2014**

Photo #1: Facing west, photo of lagoon #1.



Photo #2: Facing northwest, photo of lagoon #2.

